

# **APPLICATION FOR LICENSE RECIPROCITY**



Department of Professional and Financial Regulation  
Office of Licensing and Registration

## **ELECTRICIANS' EXAMINING BOARD**

35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207)624-8457  
Hearing Impaired: 1-888-577-6690  
Website: [www.MaineProfessionalReg.org](http://www.MaineProfessionalReg.org)

Office located at: 122 Northern Avenue, Gardiner, Maine

# APPLICATION INSTRUCTIONS

## Reciprocity

**COMPLETING THE APPLICATION FORM** – Answer all questions and return the following to this office:

- License application and two (2) checks:
  - \$25.00 application fee
  - \$165.00 for Masters and \$95.00 for Journeyman
    - Master
      - \$150 License Fee
      - \$15.00 Criminal Background Check Fee
    - Journeyman
      - \$80.00 License Fee
      - \$15.00 Criminal Background Check Fee
  - A certified statement of your license from the State licensing board in which you are currently licensed
  - Proof of electrical education or documentation of six years of licensed working experience

Incomplete applications will be returned.

**RECIPROCITY REQUIREMENTS** – The Electricians' Examining Board shall issue a license to any person who files a sworn application, is licensed by another state or territory of the United States that has a reciprocity agreement with the State of Maine, and who has been licensed and actively engaged in work as an electrician for a minimum of six years.

The Board may waive the 576 hours of study required for a journeyman or master license pursuant to 32 M.R.S.A. §1202. The Board may require the applicant to submit such written evidence, verified by oath, as it determines necessary to support the application.

Any person licensed by reciprocity must comply with Maine statutes and rules governing electrical installations while engaged in electrical work in the State of Maine. Any person licensed by reciprocity shall be subject to the provisions of 32 M.R.S.A. §1204 regarding renewal.

**MASTER ELECTRICIAN** – A person applying for a Master electrician's license by reciprocity must provide documentation of six years of licensed working experience.

**JOURNEYMAN ELECTRICIAN** – A person applying for a Journeyman electrician's license by reciprocity must provide documentation of six years of licensed working experience **or** 531 hours of education and 8,000 hours of work experience.

**CRIMINAL BACKGROUND CHECK** - Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

# RECIPROCITY APPLICATION

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF LICENSING AND REGISTRATION  
**ELECTRICIANS' EXAMINING BOARD**  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333  
TEL: (207)624-8457 FAX: (207)624-8636  
HEARING IMPAIRED: 1-888-577-6690

Office Use Only

Cash #: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Issued: \_\_\_\_\_

License #: \_\_\_\_\_

☐ **4220-1446 \$25.00**  
☐ **4220-1421 \$150.00**  
☐ **4220-1422 \$80.00**  
☐ **4220-2619 \$15.00**

☐ **MASTER ELECTRICIAN**

APPLICATION FEE: \$25.00  
LICENSE FEE: \$150.00  
CRIMINAL BACKGROUND CHECK FEE: \$15.00  
TOTAL DUE: \$190.00

☐ **JOURNEYMAN ELECTRICIAN**

APPLICATION FEE: \$25.00  
LICENSE FEE: \$80.00  
CRIMINAL BACKGROUND CHECK FEE: \$15.00  
TOTAL DUE: \$120.00

**PAYMENT OPTIONS:**

☐

Check or Money Order Payable to "Treasurer State of Maine".

☐

Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA     -     -     Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of \$\_\_\_\_\_. Signature \_\_\_\_\_

**NOTICE REGARDING PUBLIC INFORMATION. CONTACT ADDRESS.** This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

**SOCIAL SECURITY NUMBER.** The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

## NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: ☐ Male ☐ Female

Any other name used: \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No  
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

**EMPLOYMENT RECORD:** In the space provided below, please furnish a record of employment you have had as an **ELECTRICIAN**. Describe in detail the type of electrical work you have performed in each position, including any special duties you have undertaken and any unusual responsibilities you have assumed. Use your name as it appears on the company's payroll if different from that given on this application. If more space is needed, attach an 8 ½ x 11 sheet of paper to this application. In lieu of education, you must document at least six years of licensed working experience in the electrical field.

**PRESENT OR LAST EMPLOYER:**

PRESENT OR LAST EMPLOYER

YOUR TITLE

COMPLETE ADDRESS

DATES OF EMPLOYMENT: FROM: MO/YR

TO: MO/YR

TOTAL HOURS PER WEEK:

TOTAL HOURS PER YEAR:

DETAIL OF WORK PERFORMED:

MAY WE CONTACT THIS EMPLOYER: ☐Yes ☐No

**2. EMPLOYER:**

PRESENT OR LAST EMPLOYER

YOUR TITLE

COMPLETE ADDRESS

DATES OF EMPLOYMENT: FROM: MO/YR

TO: MO/YR

TOTAL HOURS PER WEEK:

TOTAL HOURS PER YEAR:

DETAIL OF WORK PERFORMED:

MAY WE CONTACT THIS EMPLOYER: ☐Yes ☐No

**3. EMPLOYER:**\_\_\_\_\_  
PRESENT OR LAST EMPLOYER\_\_\_\_\_  
YOUR TITLE\_\_\_\_\_  
COMPLETE ADDRESS\_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: MO/YR\_\_\_\_\_  
TO: MO/YR\_\_\_\_\_  
TOTAL HOURS PER WEEK:\_\_\_\_\_  
TOTAL HOURS PER YEAR:\_\_\_\_\_  
DETAIL OF WORK PERFORMED:\_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER: ☐Yes ☐No**4. EMPLOYER:**\_\_\_\_\_  
PRESENT OR LAST EMPLOYER\_\_\_\_\_  
YOUR TITLE\_\_\_\_\_  
COMPLETE ADDRESS\_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: MO/YR\_\_\_\_\_  
TO: MO/YR\_\_\_\_\_  
TOTAL HOURS PER WEEK:\_\_\_\_\_  
TOTAL HOURS PER YEAR:\_\_\_\_\_  
DETAIL OF WORK PERFORMED:\_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER: ☐Yes ☐No

EDUCATION AND TRAINING	FROM MO. YR.	TO MO. YR.	ELECTRICAL COURSES COMPLETED
HIGH SCHOOL			
CORRESPONDENCE			
TECHNICAL SCHOOLS OR INSTITUTES			
COLLEGE			
CODE COURSES			

**PROOF OF EDUCATION MUST BE SUBMITTED OR PROOF OF SIX YEARS AS A  
LICENSED ELECTRICIAN WORKING WITH THE TOOLS.**

Do you or have you ever held any type of Electrician's license in this state? ☐ YES ☐ NO

If yes, please specify year, number and type. \_\_\_\_\_

I received my license by: ☐ Grandfather's Clause ☐ Examination

Date of Grandfathering/Examination \_\_\_\_\_

Type of Examination: ☐ Master ☐ Journeyman

Examination administered by: ☐ State of \_\_\_\_\_  
☐ Experiior \_\_\_\_\_  
☐ Other \_\_\_\_\_

**I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE CERTIFICATE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.**

\_\_\_\_\_  
Signature of Applicant

ATTACH A PHOTO OF YOURSELF

\_\_\_\_\_  
Date

**REFERENCES:** Give below the name and address of three references, either a master or a journeyman electrician who can certify your hours of experience, reliability and quality of electrical work.

MASTER, LIMITED  
Or JOURNEYMAN

\_\_\_\_\_  
Name Address Telephone

MASTER, LIMITED  
Or JOURNEYMAN

\_\_\_\_\_  
Name Address Telephone

MASTER, LIMITED  
Or JOURNEYMAN

\_\_\_\_\_  
Name Address Telephone

Board Members Denying Application \_\_\_\_\_  
(please initial)

Date: \_\_\_\_\_

Reason for Denial:

\_\_\_\_\_  
\_\_\_\_\_

